

215037454
60235

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 140	Agency Case No. B5-085261	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/14/2015		TIME OF ACCIDENT 1338	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1342	09/14/2015	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. HWY 34		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO. 34	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
2	NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	635.00		X FALLBROOK BLVD			
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input checked="" type="radio"/> YES <input type="radio"/> NO	
2	VEHICLE NO. 1					
F	DRIVER LICENSE NO.	G02136863		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	DRIVER	HENRY SCHLEICHER		PHONE	LOCAL NO.	
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	09/23/1920	
G	OWNER	SAME AS DRIVER		PHONE	LOCAL NO.	
4	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
H	LICENSE PLATE PA NO.	SHK062		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V1/O	VEHICLE	YEAR 1984	MAKE Oldsmobile	MODEL DELTA 88	BODY STYLE 2 door Sedan	COLOR tan
1	VEHICLE ID NO. (VIN)	1G3AY37Y9EX404357		ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 50		
V2/O	TOWED TO	101 CHARLESTON CRT		TOWED BY	CAPITAL TOWING	
I	VEHICLE NO. 2	VEHICLE NO. 2				
1	DRIVER LICENSE NO.			STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/P	DRIVER			PHONE	LOCAL NO.	
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		
J	OWNER			PHONE	LOCAL NO.	
01	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
V1/Q	LICENSE PLATE NO.			YEAR (Plate Expires)		STATE (Of Plate)
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
01	VEHICLE ID NO. (VIN)			ESTIMATED DAMAGE <input type="radio"/> TOALED \$		
K	TOWED TO			TOWED BY	POLICY NO.	
01	Complete this section for all injured persons (Complete a continuation report, if more than three were injured)					
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
					5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North by Arrow

Not To Scale



APPROXIMATE POI -

(VEH 1 VS. FLASHING SIGNAL POLE)

- 635 FT WEST OF THE EAST EDGE OF
FALLBROOK BLVD (FROM
NORTHWEST CORNER)

- 11 FT SOUTH OF THE SOUTH EDGE
OF HWY 34

HWY 34

FALLBROOK
BLVD

Officer was sent to a medical call for service at Hwy 34/Fallbrook BLVD as an elderly male was unconscious in a vehicle. Upon arrival, Officer confirmed that the elderly male, Dr 1 and Veh 1 were both wanted due to a 'missing adult' case from earlier in the day (LPD case #B5-085222). The Witnesses, Josey and Mary, told Officer that they were both traveling EB on Hwy 34 behind Veh 1 and observed it to be crossing both EB traffic lanes while traveling EB. They said Veh 1 was traveling about 10-15 mph when it went off the road to the right and into the ditch. They said they exited their veh and attempted to stop Veh 1, by hand, which was rolling out of control and Dr 1 was lying over into the passenger's seat unconscious. The vehicle stopped after striking a flashing traffic light post. Dr 1 was transported to the hospital for other medical reasons. No citations.

PROPERTY	OBJECT DAMAGED				OWNER NAME										ADDRESS										PHONE					APPROX. COST OF DAMAGE				
	FLASHING YELLOW				STATE NEBRASKA ROADS 1500 HWY 2, LINCOLN, NE										4024714567										\$ 500									
WITNESSES	NAME				ADDRESS										PHONE					APPROX. COST OF DAMAGE														
	JOSEY D HOFFMAN 7605 S.81ST ST, LINCOLN, NE 68516				2532501423										\$																			
WITNESSES	NAME				ADDRESS										PHONE					APPROX. COST OF DAMAGE														
	MARY C BECKER 1007 KOLTERMAN AVE, SEWARD, NE 68434				4026416136																													

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>					AIRBAG DEPLOYED VEHICLE 1					RESTRAINT USE VEHICLE 1					TOTAL OCCUPANTS		VEH 1	1	VEH 2																																		
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME					VEHICLE 1					VEHICLE 2					VEHICLE 1					Driver No. 1		Driver No. 2		Pedestrian																													
1			X		HWY 34					POINT OF IMPACT 01					POINT OF IMPACT					5					2					Y		Y		Y																								
2										POINT OF IMPACT 01															2					N		N		N																								
1	11				06 Turning left 07 Making U-turn					MOST DAMAGED AREA 01					MOST DAMAGED AREA					2					2					X		N		N																								
2					08 Entering traffic lane					00 None					02 03 04					2					2					1		1																										
01 Essentially straight ahead					09 Leaving traffic lane					09 Top & windows										05					2					2					N		N																					
02 Backing					10 Parked					10 Undercarriage										01					02					2					2					N		N																
03 Changing lanes					11 Slowing or stopped in traffic					11 Total (all areas)										08					07					06					2					2					N		N											
04 Overtaking/Passing					12 Other					12 Other																														2					2					N		N						
05 Turning right					13 Unknown																																								2					2					N		N	

OFFICER NO.					TROOP/TEAM/BEAT					DEPARTMENT															Photographs taken?					YES X NO				
1508					5					Lincoln Police Department															YES					X NO				

INVESTIGATOR NAME <i>(Print or Type)</i>										INVESTIGATOR SIGNATURE										DATE OF REPORT					09/14/2015				
Andrew Nichols										Approved by Officer Andrew Nichols																			